FACILITATOR GUIDE:
Communicating with Depressed Patients DocCom
Module 27

Check-in: (5 min)
Ask questions like: “What’s happening in your lives?”; “What do we have to do to clear the air so we can begin the session?”; “Do you have any major stressors?”

Self-assessment:
Ask residents to mark pre-session conviction and confidence scales. (handout)

Session Goal Setting:
Inform your group members of the following goals:
- Describe the differences between depressed affect and clinically significant depression.
- Inquire about the nine symptoms of major depression.
- Ask five questions to evaluate suicidality.
- Demonstrate empathic interactions with depressed patients.

Personalized Goal Setting:
Ask what specific skills from the Behavior Checklist each resident wants to improve for him/herself. (Write these on the board or easel.)

Engaging Learner Interest/Discussion: (10-15 min)
- Inquire about residents’ prior experience: Ask residents about experiences with communicating with depressed patients. “What has been difficult when attempting to establish a diagnosis of depression?” or “How have you responded when depressed patients begin to cry?”
- Module review: Ask what they found most useful in the module, either about the conceptual framework or the specific communication skills presented.
- Personal experience: If there is time and you have a vivid example from your clinical experience, share that story: perhaps a story of depression associated with suicidality or of depression presenting with predominance of somatic symptoms.

Personal Reflection: (A useful exercise, if you have time)
Ask residents to jot down answers to these questions. If you have a large group, they can then discuss their answers in groups of 2-3 for 15 minutes and then share their contributions and insights with the larger group. Otherwise, you can conduct a group discussion.
- Considering your personal life and those of your friends and family, to what extent are you able to differentiate depressed feelings and affect from clinically significant depression?
- Have you or anyone you have known been treated for depression? How have those experiences influenced your attitudes and skills related to working with depressed patients?
- Has anyone you have known personally ever been suicidal? How has that experience influenced your attitudes and clinical care?
- In what ways have you encountered stigma with respect to depression? In what ways could
stigma affect the way you interact with and support your patients?
Skills Development: (25 min)
Show VIDEO: Module 27: Diagnosis/Assess Suicidality/Video Example: begin about 2:00 minute and play to about 5:15 minute. While watching the video and using the BCL, each learner should identify at least five skills demonstrated by the clinician in the video.
- Debrief: (5 min) Allow 5 minutes at the end of this segment to have a general discussion about what worked, what were the barriers, etc.

Conclusion/Next Steps: (5 min)
Ask residents to complete the handout items, provide assignment for next session and collect handouts. The handout items are:
- Conviction and confidence post-session scales
- A skill they plan to practice in the coming week in their clinical work
- What else they learned in the session today
- What you might do to improve a future session (feedback)

Next Session Assignment:
Read DocCom Module 28: Domestic Violence. Complete the MCQs and respond to one of the questions in Discussion Question 2.
BEHAVIOR CHECKLIST

- Respond to depressed affect with empathy.
- Adopt attentive nonverbal position, such as: leaning forward, head forward.
- Respond with soft, warm and caring tone of voice.
- Ask about the 9 symptoms of depression.
- Ask about suicidality and ask the 5 follow-up questions.
- Address stigma or resistance with relationship building strategies (such as PEARLS; Module 6) and sharing of information about depression.
- Tell the diagnosis clearly and directly and in a supportive manner.
- Share information about depression, using simple language without jargon, short sentences, and checking for understanding.
- Explain treatment recommendations, using simple language without jargon, short sentences and checking for understanding.
- Ask about patient’s perspectives on the nature of the illness and ideas for treatment and respond with respect and acceptance of those perspectives.
LEARNER HANDOUT:
Communicating with Depressed Patients  DocCom Module 27

Rationale:
The illness of depression and its variants are common in society, and more common in people who are seeking medical care, but the diagnosis is frequently overlooked. Social stigma and negative attitudes limit the insight, interest and ability of both patients and clinicians to discover depression. Patients with depression often complain of physical symptoms and clinicians frequently fail to connect these somatic problems with other clues to establish the correct diagnosis. Treatment of depression is effective, and many patients go unnecessarily untreated, continuing to suffer, miss work and cause distress in friends and families. This module presents basic concepts, as well as, special communication challenges and focuses on strategies and skills that will assist patients to become more comfortable discussing symptoms and more likely to accept the diagnosis and treatment of depression.

Learning Goals:
At the completion of this session you will be able to:
- Describe the differences between depressed affect and clinically significant depression.
- Inquire about the nine symptoms of major depression.
- Ask five questions to evaluate suicidality.
- Demonstrate empathic interactions with depressed patients.

Key Principles:
- Depressed affect is common, but, clinically significant depression is a serious medical condition that requires focused communication skills to manage appropriately.
- All patients with clinically significant depression must be assessed for suicidality.
- Specific communication skills help clinicians to respond to depressed affect, to manage stigma, negative health beliefs and resistance and to collaborate in negotiating effective treatment strategies.
Pre-session: Conviction and Confidence:

How convinced are you that effective communication with depressed patients is an essential clinician competency? 
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can effectively communicate with patients who have depression? 
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10
Post-session: Conviction and Confidence:

How **convincing** are you that effective communication with depressed patients is an essential clinician competency?

(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can effectively communicate with patients who have depression?

(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

What are two or three main points that you learned in the session today?

What skill do you plan to practice in your clinical work in the coming week?